

REFERENCES AND REVIEWS

(Continued from Page 41)

ANTISTAPHYLOCOCCAL ACTIVITY OF PENICILLIN P-12—A. C. White and J. W. Smith. *Amer. J. Med. Sci.*—Vol. 243:202 (Feb.) 1962.

A new penicillin, 5-methyl-3-phenyl-4-isoxazolyl penicillin, was a more active bacteriostatic and bacterial agent against penicillinase-producing staphylococci than penicillin G, phenethicillin or methicillin. It was less active than penicillin G but more active than methicillin against staphylococci which did not produce penicillinase. Oral treatment was effective in persons who were nasal carriers and in staphylococcal infections caused by penicillinase-production staphylococci.

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REVIEW OF CLINICAL FINDINGS AND VACCINATION STATUS IN 98 VICTIMS OF PARALYTIC POLIOMYELITIS—M. Ishii and B. J. Sproule. *Canad. Med. Ass. J.*—Vol. 86:309 (Feb. 17) 1962.

The clinical findings and vaccination status of 98 victims of paralytic poliomyelitis admitted to a university hospital are reviewed. There was a high proportion of severe disease in older patients, but vaccinated patients tended to have less severe involvement. However, 42 of the 98 patients had received three or more injections of Salk vaccine.

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PHYSICAL FACTORS IN SUN EXPOSURES—F. Daniels, Jr. *Arch. Derm.*—Vol. 85:358 (March) 1962.

A number of atmospheric factors in transmission of wavelengths of ultraviolet causing sunburn and skin cancer are reviewed. Of practical clinical concern is the fact that scattering and absorption in the atmosphere make the risk of sunburn dependent upon the angle which the sunlight traverses in the atmosphere. Maximum risk of sunburn and other harmful effects is found at two to three hours before and following solar noon. Patients with poor solar tolerance will be able to spend time outdoors if they avoid these critical hours.

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LICHEN SCLEROSUS ET ATROPHICUS OF THE FEMALE GENITALIA—L. P. Barker and P. Gross. *Arch. Derm.*—Vol. 85:362 (March) 1962.

This study of lichen sclerosus et atrophicus of the female genitalia represents a summary of 55 cases recently observed. The findings emphasize that the disease is often erroneously diagnosed as kraurosis vulvae, leukoplacia and other precanceroses, with the result that women are often subjected to premature vulvectomies. Criteria for clinical and histopathologic diagnosis are presented. A conservative method of treatment is outlined.

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AMIDOBLOCK AS STAIN FOR HEMOGLOBIN—H. Puchtler and F. Sweat. *Arch. Path.*—Vol. 73:245 (March) 1962.

Sections fixed or mordanted in Zenker formol were treated consecutively with 5 per cent tannic acid, 1 per cent phosphomolybdic acid, and a saturated solution of amidoblock 10B in methanol glacial acetic acid. Only hemoglobin and methemoglobin were colored dark blue, all other tissue structures were yellow. Model experiments with various proteins indicate that only hemoglobin and methemoglobin bind amidoblock. This method does not require differentiation. No fading was observed in sections stored for over 18 months.

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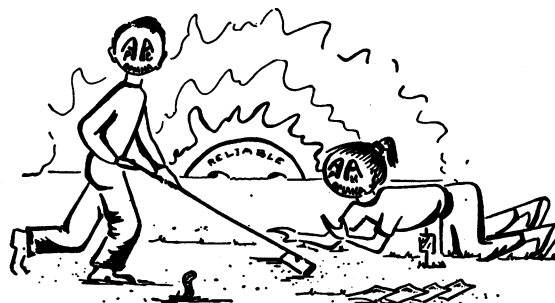
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